

Art Party Emergency Form

Parents Attending with Children

Please fill out one form per family and include information for all persons coming to Clapping Hands Farm (babies, multiple adults, older siblings etc.)

Use back of page if more space is needed for answers

Parent Name(s): _____

Full Address _____

Phone _____ E-mail _____

Child's Name _____ Birth date _____ Age _____

Child's Name _____ Birth date _____ Age _____

Child's Name _____ Birth date _____ Age _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: Daytime _____ Other _____

Insurance Company _____ Policy number _____

other pertinent insurance information: _____

Please answer the following questions for each participant:

Is any participant allergic to anything (food, drugs, insects, plants, etc.?) yes __ no __

List name(s) and describe allergy and reaction? _____

Is any participant allergic to bee stings,? yes __ no __ Name(s): _____

Does s/he have a bee sting kit? yes __ no __ and does s/he know how to use it? yes __ no __

Has any participant ever been in anaphylactic shock? yes __ no __ Name(s): _____

Description of reaction: _____

Is any participant taking any medications? yes __ no __

Please list the campers name, medications, and reason for the medication: _____

Does any participant have any chronic medical problems that require him/her to be under the care of a doctor? (Epilepsy, Asthma, Diabetes, Heart Condition, or any other?)? yes __ no __

Name(s) of camper and condition: _____

Are there any physical handicaps, fears/phobias, or other issues that may be helpful for the Clapping Hands Farm Camp staff to know about? yes __ no __

Name(s) of camper and description: _____

I hereby attest that the information above is correct. **In event of injury or illness, I give the Clapping Hands Farm Camp Staff and professional medical experts the right to provide medical treatment for the participant listed above.** I also give permission for Clapping Hands Farm Staff to provide sun screen and bug spray (Burt's Bees variety) should my child need it during camp hours.

Parent's Signature _____ **Date:** _____

(OVER)

Clapping Hands Farm

3348 Alston Chapel Rd., Pittsboro, NC 27312

919-542-5599. louiseok@mindspring.com

Agreement To Hold Harmless, Medical Release Statement, and Image Release

The Clapping Hands Farm camp provides an art and nature focused camp for children in an outdoor setting on a working farm. Activities in this program may include, but are not limited to: drawing, painting, printmaking, other arts and crafts activities, cooking, nature crafts, nature exploration, building shelters from natural materials, archery, fire making, animal tracking, singing, song writing, storytelling, dance, creative drama, puppet making, running games and other strenuous physical activity, kite flying, water play at our hand pump and well, pond exploration, canoeing on the pond, hikes, farm chores, interaction with horses, chickens, cats and dogs, walking along the road to a creek near the farm, swimming in natural bodies of water, travel down our ¾ mile one lane driveway when arrive to and leaving camp with parents or car pools, and more.

Risks inherent in these activities include, but are not limited to:

- exposure to biting insects, ticks, poison ivy, and poisonous snakes
- exposure to diseases carried by ticks and other biting insects
- walking, hiking, running and playing in hot or otherwise inclement weather
- falls from slipping on pond banks, or tripping on rocks, tree stumps, branches, and uneven terrain
- falling over board and drowning when canoeing on the pond (please note that the pond is shallow enough for an adult and most kids to stand up in and life jackets are required for canoeing.)
- injuries from use of sharp tools or glue guns and allergic reaction from exposure to paints, paper mache paste, cement, and other art materials during arts and crafts activities
- burns from gas range, camp fire, or hot food/liquids during cooking activities
- drowning or injury while swimming or playing in natural bodies of water
- accidents on the driveway
- risks normally associated with travel in a car driven by camp staff or the parent of one of the campers.

I, _____ of _____ (address),
City of _____, County of _____, State of _____ have legal custody
of _____ and _____, minor(s) age (s) ____ and _____. I authorize Louise
Omoto Kessel and Holmes Graybeal of Clapping Hands Farm, as well as the paid and volunteer camp
instructors and counselors and in whose care the minor child/children have been entrusted, to lead the above
named children in activities of the type listed above. I understand that there are risks inherent with the
activities as well as with transportation to and from each area. I nevertheless voluntarily assume all risks of
loss, damage or injury that may be sustained through my child's participation in camp at Clapping Hands Farm.
I agree to hold Clapping Hands Farm, Louise Omoto Kessel, Holmes Graybeal, and other staff and volunteers,
and landowners harmless for injuries which may occur during such activities or while being transported to and
from such activity.

IMAGE RELEASE: I give permission for my/my child's image to be used for advertising, fundraising, and on
the Clapping Hands Farm website. And also on Wendy Bannings Learn Outside website and in any of Wendy
Bannings projects and publications. Wendy is a friend of our camp, an inspiring educator and a fantastic
photographer. She sometimes takes pictures at camp for her projects and shares them with us and parents.

NOTE: For security reasons names are not used with children's pictures in any of these places.

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Hands Farm Camp Staff and professional medical experts the right to provide medical
treatment for the participant listed above.**

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Bees variety) should my child need it during camp hours.

Signature

Date

(If participant is under 18 years of age, parent or guardian must sign)